

COMPLIANCE CHECKLIST**▷ Chronic Dialysis Facilities****▷ Acute Dialysis Facilities**

The following Checklist is for plan review of clinics and hospital outpatient facilities, and is derived from Licensure Regulations 105 CMR 140.000 & 145.000 for dialysis clinics in Massachusetts and from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Clinic Licensure Regulations 105 CMR 140.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) next to the section title. If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
4. Items in *italic*, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Facility Name:

.....

Facility Address:

.....

Satellite Name: (if applicable)

.....

Satellite Address: (if applicable)

.....

Project Reference:

.....

.....

Dates:

Initial:

Revisions:

Proposed Numbers of Dialysis Stations

Total Number of Dialysis Stations =

Number of Isolation Stations =

Number of Home Training Stations =

Building/Floor Location:

.....

.....

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**9.1.G PARKING

- 140.209 Private parking
Handicapped parking

- Lighting of parking lot & approaches to building

9.1.H PRIVACY

- 140.203 Ensure sight & sound privacy

145.200 LOCATION

- No access through dialysis unit to unrelated areas

9.2.A ADMINISTRATION & PUBLIC

- ☐ check if service not included in project
(for acute dialysis only)

9.2.A1 Entrance

- at grade level
wheelchair accessible

7.14.B17 Wheelchair storage9.2.A2.b Reception counter7.14.C3 Waiting area

- Vent. min. 6 air ch./hr

Public toilets

- 140.209 wheelchair accessible

- Vent. min. 10 air ch./hr (exhaust)

- Handwashing station

- 7.14.C3 Public telephone **or** Convenient office telephone, made available to patients per written policy (attach copy of policy)

- Drinking fountain **or** Bottled water dispenser
convenient to the waiting area

- 145.230/
7.14.C2 Space for patients belongings

9.2.A3 Interview space9.2.A4 Business offices9.2.A5 Clerical space9.2.A6 Multipurpose room9.2.A8 Administrative storage9.2.B CLINICAL FACILITIES

- 7.14.B9 Exam room(s) min. 100 sf
charting counter/shelf

- Handwashing station
Vent. min. 6 air ch./hr
Portable or fixed exam light
Min. 2 el. duplex receptacles

ARCHITECTURAL REQUIREMENTS

- ☐ Dialysis treatment area
☐ separate from administrative & waiting areas
 7.14.B1 ☐ total room area min. 110 sf per dialysis station
 145.210 ☐ min. 80 sf per individual dialysis station
 7.14.B3 ☐ min. 4'-0" clear between dialysis beds or chairs
 7.14.B5 ☐ provisions for patient privacy
- 145.220 ☐ Isolation room
☐ min. 110 sf
- 7.14.B2/
 9.2.B5 ☐ Nurse station
☐ work counter
☐ space for supplies
☐ charting space
☐ visual observation of patient stations
- 7.14.B7 ☐ Drug distribution station
☐ check if service not included in project
☐ work counter
☐ locked storage
 Policy ☐ under visual supervision from staff station
- 145.340 ☐ Home dialysis training
☐ on-site **or** ☐ off-site under
 7.14.B8 ☐ min. 120 sf appropriate
☐ work counter agreement
☐ handwashing station
☐ separate drain
- 7.14.B21 ☐ Patient toilet room
- 7.14.B10/
 140.204 ☐ Clean utility room
☐ no material **or** ☐ material
☐ processing: processing:
☐ clean storage rm ☐ clean workroom
☐ work counter
☐ handwashing station
☐ storage facilities
- 7.14.B18 ☐ Clean linen storage
- 140.204/
 7.14.B11 ☐ Soiled workroom
☐ work counter or shelf
☐ space for holding waste & soiled linen containers

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ 1 handwashing station per 4
 dialysis stations
☐ Vent. min. 6 air ch./hr
- ☐ Lighting on emergency power
☐ Min. 2 el. duplex recept. on
 emerg. power per station (1 on
 each side)
- ☐ Handwashing station
☐ Vent. min. 12 air ch./hr
☐ negative pressure
☐ air exhausted to outdoors
- ☐ Lighting on emergency power
☐ Min. 2 el. duplex receptacles on
 emerg. power (1 on each side)
- ☐ Duplex receptacle(s)
☐ Lighting on emerg. Power
☐ Communications system
- ☐ Handwashing station
☐ Duplex receptacle(s)
☐ Lighting on emerg. power
- ☐ Vent. min. 10 air ch./hr (exhaust)
☐ Handwashing station
- ☐ Vent. min. 4 air ch./hr
☐ Lighting on emerg. power
- ☐ Handwashing station
☐ Clinical flushing-rim sink
☐ Vent. min. 10 air ch./hr
☐ negative pressure
☐ air exhausted to outdoors
☐ Duplex receptacle(s)
☐ Lighting on emerg. power

ARCHITECTURAL REQUIREMENTS

- 9.2.B9 ☐ Sterile supplies
☐ sterilizing facilities
or
☐ no reusable supplies
- 145.230 ☐ Dialysis equipt. cleaning/maintenance room
7.14.B12 ☐ one-way flow of materials from soiled to clean
☐ refrigerated holding area for soiled equipt holding
☐ decontamination/cleaning area
☐ packaging area
☐ dialysis equipt storage
- 7.14.B19 ☐ Central batch delivery system
☐ ☐ check if service not included in project
☐ mixing room
☐ storage space
☐ holding tanks
- 7.14.B14 ☐ HOUSEKEEPING ROOM
☐ At least one per floor
☐ Storage space for housekeeping supplies & equipt.
- 7.14.C1 ☐ STAFF FACILITIES
☐ Staff clothing change area
☐ lockers
☐ shower
☐ toilet
☐ Staff lounge
- 9.2.G ☐ ENGINEERING SERVICE & EQUIPMENT AREAS
7.14.B20 ☐ Water treatment room
☐ Storage room(s) for supplies & equipment
☐ Facilities for sanitary waste storage & disposal

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Sinks
☐ Lighting on emerg. power
☐ Min. 1 el. duplex receptacle on
emerg. power
- ☐ Sink
☐ Emergency power
- ☐ Service sink
☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Emergency power
☐ Lighting on emerg. power

GENERAL STANDARDS**Details and Finishes**

- ___ Outpatient corridors (9.2.H1.a)
 - ___ min. corridor width 5'-0"
- ___ Staff corridors
 - ___ min. corridor width 44"
- ___ Two remote exits from each outp. facility suite & floor
- ___ Fixed & portable equipment recessed does not reduce required corridor width (9.2.H1.c)
- ___ Work alcoves include standing space that does not interfere with corridor width
 - ☐ check if function not included in project
- ___ Doors:
 - ___ doors min. 3'-0" wide (9.2.H1.d)
 - ___ all doors are swing-type (Policy)
 - ___ doors do not swing into corridor (Policy)
- ___ Glazing (9.2.H1.e):
 - ___ safety glazing or no glazing under 60" AFF & within 12" of door jamb
- ___ Thresholds & expansion joints flush with floor surface
- ___ Handwashing stations located for proper use & operation (9.2.H1.g)
 - ___ min. 15" from centerline to side wall (Policy)
- ___ Vertical clearances (9.2.H1.j):
 - ___ ceiling height min. 7'-10", except:
 - ___ 7'-8" in corridors, toilet rooms, storage rooms
 - ___ sufficient for ceiling mounted equipment
 - ___ min. clearance 6'-8" under suspended pipes/tracks
- ___ Floors (9.2.H2.c):
 - ___ floors easily cleanable & wear-resistant
 - ___ washable flooring in rooms equipped with handwashing stations (Policy)
 - ___ non-slip floors in wet areas
 - ___ wet cleaned flooring resists detergents
- ___ Walls (9.2.H2.d):
 - ___ wall finishes are washable
 - ___ smooth/water-resist. finishes at plumbing fixtures

ELEVATORS

- | | | |
|---|----|--|
| ___ Provide at least one elevator in multistory facility <ul style="list-style-type: none"> ___ wheelchair accessible ___ each elevator meets 9.30.B requirements | or | ___ Each floor has an entrance located at outside grade level or handicapped accessible by ramp from outside grade level |
|---|----|--|

Mechanical (9.31.D)

- ___ Mech. ventilation provided per Table 7.2
- ___ Exhaust fans located at discharge end
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes
- ___ Contaminated exhaust outlets located above roof
- ___ Ventilation openings at least 3" above floor
- ___ Central HVAC system filters provided per Table 9.1

Plumbing (9.31.E)

- ___ Handwashing station equipment
 - ___ handwashing sink
 - ___ hot & cold water
 - ___ single lever or wrist blades faucet
 - ___ soap dispenser
 - ___ hand drying facilities
- ___ Sink controls (9.31.E1):
 - ___ hands-free controls at all handwashing sinks
 - ___ blade handles max. 4½" long
 - ___ blade handles at clinical sinks min 6" long
- ___ Dialysis water supply & drainage separate from handwashing water supply & drainage

Electrical (9.32)

- ___ All occupied building areas shall have artificial lighting (9.32.D3)
- ___ Emergency generator
 - ___ automatic transfer switch
 - ___ emergency lighting of
 - ___ corridors & exitways
 - ___ generator location
 - ___ switch gear location
 - ___ emergency power to:
 - ___ HVAC systems
 - ___ fire alarm
 - ___ essential refrigerators
 - ☐ check if service not provided
 - ___ extinguishing systems
 - ☐ check if service not provided